



Swimming Pool/Spa Inspection Form

As Governed by Title 50, Chapter 53, Montana Code Annotated (MCA) and the Administrative Rules of Montana (ARM): Title 37, Chapter 115, Subchapters 101-2100. Failure to comply with any time limits for corrections of critical item violations may result in cessation of pool operations [ARM 37.115.2001(5)]

| | | | | | | | | | | | | |
|--------------------------|---------|-------|--|-------|----------------------------|------|----------|---------|----------|---------|-----------------|---------|
| Establishment: | | | Number of Repeat Violations: | | Date: ____ / ____ / ____ | | | | | | | |
| Address: | | | | | | | | | | | | |
| City | Montana | Zip: | County: | | Time In ____ Time Out ____ | | | | | | | |
| Establishment Owner: | | | License Type: Pool ____ Spa ____ Splash Deck ____ | | | | | | | | | |
| Establishment Telephone: | | | Hot Spring ____ Wading Pool ____ Other ____ | | | | | | | | | |
| Purpose of Inspection: | | | Routine ____ Critical Point ____ Follow-Up ____ Pre-Opening ____ | | | | | | | | | |
| License # | pH | Cl Br | Free | Total | Stabilizer ppm (mg/L) | T.A. | Flow gpm | Gallons | Turnover | °F >95° | Other (specify) | Comment |
| A. | | | | | | | | | | | | |
| B. | | | | | | | | | | | | |
| C. | | | | | | | | | | | | |
| D. | | | | | | | | | | | | |
| E. | | | | | | | | | | | | |

ARM 37.115.1308 ACCEPTABLE RANGES FC 2.0-8.0ppm; CC<0.5ppm; Br 2.0-10.0ppm; pH 7.2-7.8; TA 60-220ppm; CaH 200-400ppm; CYA<100ppm; ORP >650mv

| Inspection Results | | | | | | | | | | | | | | |
|---|-------------------|-----|-----|-----|--|--|--|--|-----|-------------------|-----|-----|---|------------|
| Bold= Critical IN = In compliance OUT = Not In compliance N/A = Not Applicable N/O = Not Observed | | | | | | | | | | | | | | |
| # | Compliance Status | | | | Categories | | | | # | Compliance Status | | | | Categories |
| Recreational Water Quality | | | | | Safety | | | | | | | | | |
| 01. | IN | OUT | N/A | N/O | Disinfectant Residual (301 (1)(b)); (1308 Table 6) | | | | 16. | IN | OUT | N/O | Facility Safety and Emergency Equipment; Plans (15xx) | |
| 02. | IN | OUT | | N/O | pH Range (301(1)(p)); (1308 Table 6) | | | | 17. | IN | OUT | N/O | Feature Safety (18xx) | |
| 03. | IN | OUT | | N/O | Water Clarity (301 (1)(f)); (1308 Table 6) | | | | 18. | IN | OUT | N/O | Chemical Storage; Use (12xx) | |
| 04. | IN | OUT | | N/O | Total Alkalinity (1308 Table 6) | | | | | | | | | |
| 05. | IN | OUT | N/A | N/O | C/C; Stabilizer Control (1308 Table 6) | | | | | | | | | |
| Personnel | | | | | Facilities | | | | | | | | | |
| 06. | IN | OUT | | N/O | Management: Supervision; Training CPO, AFO(1101) | | | | 19. | IN | OUT | N/O | Water Supply / Waste Disposal (522-523) | |
| 07. | IN | OUT | N/A | N/O | Lifeguard Services (16xx) | | | | 20. | IN | OUT | N/O | Feature Operation; Maintenance (18xx) | |
| Monitoring | | | | | | | | | | | | | | |
| 08. | IN | OUT | N/A | N/O | Test Kit; Calibration (1301) | | | | 21. | IN | OUT | N/O | Current License Posted (1910(1)) | |
| 09. | IN | OUT | N/A | N/O | Monitoring Records (1302) | | | | 22. | IN | OUT | N/O | Signs Posted Conspicuous (14xx) | |
| Recirculation / Filtration / Disinfection | | | | | | | | | | | | | | |
| 10. | IN | OUT | | N/O | Recirculation Systems (1001) | | | | 23. | IN | OUT | N/O | Restrooms (9xx) | |
| 11. | IN | OUT | | N/O | Filtration Systems (1011) | | | | 24. | IN | OUT | N/O | Baby Changing Table (905(1)) | |
| 12. | IN | OUT | | N/O | Disinfection Systems (1016) | | | | 25. | | | | | |
| 13. | IN | OUT | | N/O | Flow meter Working (1011) | | | | 26. | | | | | |
| 14. | IN | OUT | | N/O | Facility Enclosure; Entry Protection (6xx) | | | | 27. | | | | | |
| 15. | IN | OUT | | N/O | VGB Documentation; exp. Date ____/____/____ | | | | 28. | | | | | |
| | | | | | | | | | 29. | | | | | |

| Inspection Results | | | | | | | |
|---|---|--------|----------------|---|-------|----------------------|-------------------------------|
| Bold= Critical (*) OUT = Not In compliance R = Repeat COS = Corrected on Site | | | | | | | |
| OUT | # | a/b /c | Code Reference | * | R COS | Location / Feature # | Out of Compliance Description |
| OUT | | | | | | | |
| OUT | | | | | | | |
| OUT | | | | | | | |
| OUT | | | | | | | |
| OUT | | | | | | | |
| | | | | | | | |

CPO Name: _____ CPO Expiration Date: ____/____/____ CPO Phone Number: _____

Remarks:

| | | |
|------------|--------------|--|
| Inspector: | Received by: | This Section To Be Completed By Inspector Follow Up: Yes _____ No _____ Compliance ____ Closure ____ Re-Inspection ____ |
| Phone: | Title: | |
| Email: | | |